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An Essay

on

Acute Peritonitis Independent of that which arises from parturition.

by

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Passed March 10th. 1826

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There are few diseases to which the human frame is liable, that presents such a beautiful and open field for research as that denominated Peritonitis. This disease is comparatively little understood — the reason is obvious, for none of the practical authors such as Cullen and Thomas have taken any notice of it, except as arising from the parturient state. ~~of the [illegible]~~

But there ~~are~~ is also ~~of~~ a variety of causes producing it which are applicable to both sexes, so that it is frequently found idiopathic in men, and in women who have never been pregnant. and this is the species of which I shall treat.

Inflammation of the Peritoneum is not unfrequently an obscure disease and attended ~~with~~ with much danger to the patient — it is frequently difficult to subdue and sometimes when it does not prove fatal it lays the foundation of a long series of ill health — by forming adhesions with different portions of itself — ~~and~~ it frequently becomes the origin of Dropsies of the abdomen and may often be the commencement of diseases of the intimate structure of the different organs

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of the abdominal cavity. This disease is very insidious in its approach and not unfrequently arrives at a considerable degree of violence before the patient or his friends are aware of its existence.
Upon enquiring into such cases it may be perceived that the patient has suffered uneasiness in the belly for sometime which being connected with dejection of spirits has been denominated Hypochondriasis.
At other times as the appetite has failed without any evident local disease, but a general uneasiness arising from apparent distension of the bowels it has been denominated Indigestion and in other cases with the pulse somewhat accelerated accompanied by languor & and depression of spirits this disease has been termed nervous.

In all these forms Peritonitis may advance slowly and its chronic appear to precede its acute stage. But even this insidious manner of approach will usher in an attack that may deprive the patient

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of existence. Such circumstances as these which are not however sufficiently noticed by authors in their history of Peritonitis, nevertheless appear to me to deserve particular observation inorder to turn the attention of Practitioners to the more obscure forms of the disease lest by misapprehension an inflammatory affection should be mistaken for one of an opposite character. I have before said that the Peritoneum is liable to two kinds of Inflammation acute and chronic.

I shall take into consideration the acute forms— it is preceded by chills and shiverings— the continuance of the cold stage is extremely indefinite, sometimes continuing for two or three days and then again not lasting more than twelve hours.

Next we have fever, and here the pulse is extremely well calculated to deceive being very small quick and chorded.

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pain in the abdomen sometimes it is confined to some particular part and at others it is felt over the whole abdomen.

The uneasiness and pain increasing rapidly the belly becomes very painful to the touch – there is considerable thirst and dryness of the tongue and fauces – which are affected as in Typhus, in most instances though not unfrequently as I have seen them in one or two instances perfectly moist throughout the whole course of the disease.

These symptoms increasing rapidly in the course of twelve or twenty four hours the soreness of the Abdomen is so great that the patient cannot bear the weight of the bed clothes the pulse becomes extremely quick small and contracted beating from one hundred and twenty to a hundred and thirty in a minute

Then comes on a tension and swelling of the Abdomen the tongue becomes incrusted, and the patient lies on his back with his knees drawn upwards his belly, and this

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position is constantly chosen inorder to relax the muscles of the abdomen, by which means he gains much ease— the pain is so great that the patient is not capable of standing erect— nor of admitting the least motion. As the disease advances the skin becomes dry and hot with flushings of the face and redness of the eyes— in a word all the symptoms become aggravated and especially the tumefaction of the abdomen—

The pain perhaps suddenly ceases— this is a very inauspicious omen, the case always proving fatal— at the sametime the pulse sinks and becomes very rapid so much so as scarce to be counted— there comes a vomiting or rather ejection by singuttus of a dark coloured matter resembling in appearance coffee grounds— cold clammy sweat breakout the extremities become cold, the countenance is collapsed and haggard and difficult respiration immediately precedes the fatal termination—

The causes of this disease, are exposures to cold, such

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or lying on damp ground &c. But it may be brought on by acts of violence, such as straining in vomiting, blows lifting heavy weights and remaining too long in the same posture, hence the disease is so often found in shoemakers and painters. These are the causes of Idiopathic Peritonitis

Peritonitis is apt to be confounded with other diseases as Cholic and Enteritis, but fortunately it is not of great consequence to distinguish them as they demand very nearly the same treatment.

The Diagnosis may be thus drawn. in Peritonitis there is no desire to go to stool and the pain is not at all relieved by the most copious evacuations. the pain is darting lancinating and constant — the patient cannot bear the least pressure on the abdomen and will always lie on his back — while in Cholic and Enteritis it is exactly the reverse — the patient is greatly relieved whenever he can procure an evacuation — the pain is spasmodic and

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As regards the Prognosis of this disease it is easily understood. we may look upon the following appearances in a favourable light — the pulse becoming fuller and less frequent the skin moister and cooler respiration less laborious — and a gradual diminution of the pain and tension of the abdomen, with ability to remain in a sitting posture — On the contrary we are to consider sudden cessation of the pain with a sinking pulse — effusion and tumefaction of the abdomen fatal symptoms —

Dissection! When inflammation has taken place in the peritoneum several appearances are observable on the opening of the body. The peritoneum is thicker than in its natural state more pulpy and less transparent and it is crowded with a number of very small vessels containing florid blood.

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In this case the coats of the intestines are not thicker than usual, the inflammation being slight and confined to the peritoneum itself. — Where the inflammation is great the intestines are much thicker and more mapy. This evidently arises from the great accumulation of blood in the small bloodvessels as well as from the extravasation of the fluids in the substance of the intestines, in consequence of the strong inflammatory action of the vessels. The Mesentery and Mesocolon are much thicker than in their natural state, and there is often a remarkable change in the Omentum, the principal cause of this change is the extravasation of the coagulable lymph into the cellular membrane between the lamina of the peritoneum, which form them. There is also a considerable quantity of brownish fluid approaching nearly to a jelly, which can scarcely be drawn off with the catheter. and we not unfrequently find accumulations of air in the stomach and intestines which had been formed in the

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progress of the disease.— The adhesions are sometimes great, joining all the viscera together, or small and joining some particular viscera to each other, Dissections reveal to us that the peritoneum is not always red, but this is no proof that inflammation has not existed, Death in these cases, seems to have operated by drawing off the blood— but the peritoneum is much thicker than in a healthy state and is opaque, there is also a serum, like milky fluid found spread over the whole surface of the membrane which is a sufficient proof that inflammation has existed—

The mode of treatment applicable to this disease is a subject of much dispute, though the practitioners of this country confide in abundant depletion. That there is something very peculiar in the cure cannot be denied— Theory apart, after a good deal of experience on this subject I am satisfied with the following plan of cure.— We should first commence with

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the employment of the Lancet, and carry it as far as the strength of the patient and other circumstances of the case will allow- paying no regard to the pulse which is always depressed in proportion to the violence of the attack - we should take at the first bleeding 50 or 60 ounces from a large orifice and if no any visible effect is produced we should repeat the operation in the course of five or six hours, and it not unfrequently happens that we are obliged to detract forty or fifty ounces in the course of twenty four hours before we can afford evident relief- Bloodletting is an indispensable remedy -.
After the constitutional effects occasioned by the local inflammation are partly removed and the disorder thereby reduced to a state more nearly approaching to a simple topical affection, we may derive considerable benefit from the application of Leeches and cups to the abdomen so as to keep up a copious flow of Blood.

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The measure next in importance is to induce sweating which often acts like a charme — this remedy seems to be of the most unequivocal advantage — it does good by its centrifugal effects giving a determination to the surface instead of the interior part — Whenever it is convenient it is best to employ the external means of producing it, and the vapour bath is to be preferred, aided by some one of the Diaphoretics given internally. but we cannot at all times procure the Vapour bath, we are then to employ the other means, the best of which is a pill composed of 1/4 gr. Specacuanha and 1/2 gr. of Opium, give one every two hours, this seems to act by the Specacuanha determining to the surface while the opium checks the Diarrhoea if there should any exist, which is very often the case and at the same time assists in allaying the pain — of a similar efficacy to the Specacuanha with Opium, is Dovers powders we should at the sametime employ warm applications to the abdomen — the best of which is a bread and milk

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poultice or a bag of mush answers as well. they should be large enough to cover the whole abdomen —
Poultices are attended with excellent effects. they not only relieve the sufferings of the patient, but also make an important impression on the disease —
At this stage Blisters are attended with excellent effects. but they should never be employed in the early stage
As regards the efficacy of purging in this disease is a question not yet settled — there are some who consider the practice injurious by its augmenting the inflammation while there are not wanting others of equally high authority in the list of which is Professor Chapman that rely much on this practice and to use the Professors words "unless I am greatly deceived with decisive advantage
Which of these plans of treatment is best I am not at present prepared from experience to decide, as I have never seen purging carried any further than merely keeping

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the bowels open, but upon reasoning from analigous cases on the subject, I should not hesitate to purge

If there should exist much pain and the bowels are costive, we may open them with an Enema and follow it by some one of the cathartics, the Enema acts as an emolient when given in large quantities. at this stage of the disease there very frequently exists a Diarhoea. and if there should we must attend to that alone as it may reduce the system very low. the best remedy is an injection of starch and Laudanum and at the same time we may employ the chalk Julep internally - we should likewise direct the patient to let his drink consist of toast water - this is a simple though good remedy in bowel affections. It is at this stage of the disease that we may derive much benefit from the Oleum Terebinthinae in the dose of ʒi every hour, it seems to act by its soothing effects removing the sense of heat and

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irritation of the Stomach (which generally exists ~~at~~ at this stage of the disease) subdueing the force of vascular action and general excitement — and inducing at once a condition of much more comfort and security. and if the mucous coat of the intestines is not affected — (which may be determined by the tongue's being white and but little furred) — it acts by producing counterirritation.
It is also good to purge off the tympanitic state of the bowels. Should there prevail great irritation of Stomach with frequent vomiting, we should direct the patient to take the following.
℞ Prussic acid ʒ gtts Almond Emulsion ℥vj. give one drachm every two hours. the Prussic acid acts as a sedative and in fact is the only direct one we have. the Almonds are employed to give it a pleasant taste — we may also at the same time employ a solution of Gum Tragacanth in the proportion of ℥j to a pint of water. the dose may be a table spoonful every two hours. giving the

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two remedies alternately every hour – or we may direct them to take a saline draught in the act of effervescence with the addition of ten drops of Laudanum –

Cold has been recommended in this disease by Dr Sutton and he gives the history of a great many cases which go to prove its beneficial effects but it seems to me to be more the suggestion of theory than of practice. It has a great influence over inflammation of other parts of the body – but it does not exercise any influence over inflammation of the serous membranes in fact I should as soon think of employing it in Pleuritis as Peritonitis, for the same kind of membrane is the seat of the inflammation – and what would prove injurious in the one, would be equally so in the other – This is the treatment to be employed in the most simple form of Peritonitis –

But it sometimes comes on in quite an obscure form, so much so as often to mislead the practitioner. It is where in with great depression of spirits,

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languor and prostration of strength, so much so as to deter the practitioner from depleting the system, but this fear must be removed - as the disease gives us the appearance of being locked up in the system and under these circumstances we are obliged to employ small and repeated bleedings until we rouse the energies of the system and excite a disposition to reaction, we should at the same time employ the warm bath aided by some one of the Diaphoretics as Dovers powders or Ipecacuanha aided by the vapour bath.

It not unfrequently happens that the pulse is so weak and feeble that it can scarcely be felt at the wrist - here the pain and tenderness on prefure must be the chief criterion to determine our practice, and not the state of the pulse. If they should be found exquisite no accidental symptoms should deter us from trusting chiefly to the lancet - such a decision

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will soon be justified by a greater freedom in the action of the arterial system, by an abatement of the languor, and by a diminution of the pain and tenderness. We should also employ warm fomentations to the abdomen by means of flannel cloths wrung out in a decoction of equal parts of camomile flowers and bruised poppy heads with a small addition of rectified spirits or spirits of Camphor—

Having thus delivered my observations on Peritonitis in as concise a manner as possible, I shall now close this essay— which I fear will suffer in the eye of the critic from the uncouth form in which it makes its appearance— but to close this with out an acknowledgement to the illustrious professors of this university would be a breach of that duty to which my feelings prompt me. To you, Gentlemen, at least this small tribute of my esteem is due.

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Permit me then to present you with the sincere acknowledgements of a pupil, for the many opportunities of improvement which your lectures have afforded me. With the assurance of my fervent wishes that you may long continue to enjoy all the pleasures of an ample success in cultivating and improving the science of medicine — I bid you adieu ——